

Dear Parent or Guardian:

We are writing to let you know that **(Name)** School has been designated under the *No Child Left Behind Act of 2001* (NCLB) as a Title I school in program improvement. This designation means that the school has not made adequate yearly progress on the Utah Criterion Referenced Tests (tests of academic achievement) for three years in a row. Your student's school has been identified because **(list reasons for identification: subjects, subgroups, participation)**. The enclosed sheet **(enclosure with district and school AYP comparisons)** shows how your student's school compares to other schools in our district.

**(Name)** School will continue to look at many ways to increase student achievement and has identified the some key strategies for instructional improvement: **(list strategies)** However, parent support is essential to the success of **(Name)** School. Communicating with your child's teachers, making sure your child attends school regularly, helping your child with homework, monitoring your child's television time, volunteering in the classroom, and participating in school decision-making are important. We will continue to invite you to work with us to make sure that we achieve success for every student.

**(Name)** School parents have the following options for the 2006-07 school year:

1. Remain at the school and participate in the school improvement process; or
2. Seek enrollment in a designated school.

Parents who decide to have their students remain at **(Name)** School, and whose students receive free or reduced-cost lunch, are eligible for a third option:

3. Enroll their students in supplemental educational services, which are free tutoring services offered outside of the regular school day to help improve academic achievement. Parents may choose a supplemental service provider that has been approved by the Utah State Office of Education and is available to serve students in **(Name)** District.

According to our records, your student currently participates in the free and reduced meal program and is eligible to receive free supplemental services. However, if the allocated funds are not sufficient to provide supplemental services to all eligible students, federal law requires that priority be given to the lowest achieving eligible students. If you are interested in having your student participate, please complete the enclosed form and return it to ( **place**) by ( **date**).

Also enclosed are some fact sheets with more information on the supplemental educational services available in **(Name)** District. Please call **(contact name and number)** at **(name)** School if you would like help in deciding if this **(or which)** tutoring provider best meets the needs of your student or if you have questions about tutoring services.

After receiving your request for services, the district will invite you to a planning meeting with the provider and a school representative. An agreement with the service provider, including specific achievement goals for your student, will be established and a start date will be set. It is very important that, once your student is formally enrolled, attendance and interest be kept at the

highest levels. Parents and students will need to sign an agreement to ensure regular attendance and completion of the work, and the provider will agree to keep you and the school regularly informed of your student's progress.

If you choose to transfer your student to another school, the following schools are available:  
**(List at least 2 schools, along with websites or brief descriptions, including AYP status)**

While all parents will have the opportunity to indicate whether they want their students to attend another schools, there is no guarantee that all students can be accommodated. If your student's application to enroll in another school is approved, the school district will provide transportation services. Transportation will be provided until **(Name)** School exits program improvement, but your student may remain at the new school until the highest grade is completed.

Please be aware that the staff at **(name)** school has a relationship with your student and would like to continue serving all their students. If, however, you choose to apply for a transfer, detach the bottom portion of this letter, and return it to **(place)**. We must receive your response no later than **(date)**. If you need assistance or have questions, please contact **(person/phone)**.

**Remember, parents of eligible students may choose the transfer option or receive free tutoring services for their child, but not both.**

Sincerely,

District Superintendent, Title I Director, Principal

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### NO CHILD LEFT BEHIND ACT TRANSFER REQUEST FORM

Submitting this form indicates your preference to have your student enrolled in another school, but there is no guarantee that your student will be able to enroll in your first choice. Your response is due **(date)**. Complete a separate form for each student.

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Dear District Administrator:

I request that my student, \_\_\_\_\_, be considered for transfer to the following school based on space availability.

\_\_\_\_\_ 1<sup>st</sup> Choice

\_\_\_\_\_ 2<sup>nd</sup> Choice

**IF YOU WISH TO HAVE YOUR STUDENT REMAIN AT HIS/HER CURRENT SCHOOL, NO RESPONSE IS NECESSARY.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Student's Current School

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## Provider Selection Form Supplemental Educational Services

\_\_\_\_\_  
Academic Year

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School

**Check the box that applies:**

- ☐ My son/daughter **WILL** participate in the supplemental educational program as described in *No Child Left Behind*.
- ☐ I am selecting the following state approved provider.
- \_\_\_\_\_  
(1<sup>st</sup> Choice - State approved provider's name)
- \_\_\_\_\_  
(2<sup>nd</sup> Choice – State approved provider's name)
- \_\_\_\_\_  
(3<sup>rd</sup> Choice - State approved provider's name)
- ☐ I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet the provider to set goals for my student.
- ☐ I understand that the provider will regularly inform my student's teacher(s) and me of the student's progress.
- ☐ ☐ I understand that if funds are insufficient to cover the supplemental educational services for all students who choose to participate, participation will be based on prioritized academic need as defined by the district.

\_\_\_\_\_  
(Printed name of parent/guardian)

\_\_\_\_\_  
(Daytime phone number)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Evening phone number)

\_\_\_\_\_  
(Date)

RETURN BY (Date) TO:  
(person or place)

